

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1		1		
3				1		
4				1		
5				1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
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49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

SERIAL NO.	FILING DATE
APPLICANT(S)	
IND.	DEP.
IND.	DEP.
IND.	DEP.